

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. III.

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No. 12.

## AMERICAN MUTUAL BENEFIT ASSOCIATION OF PHYSICIANS.

This company, which was incorporated by the legislature of Kentucky, and has its headquarters at Louisville, may do business throughout the Union.

We have received the report of its secretary, Dr. John B. Richardson, which is of course satisfactory.

Under the management of its popular and respected president, Dr. David Keller, of Paris, Ky., and its present secretary, whose business qualifications and responsibility are well known, the affairs of the company ought to progress favorably, or, at any rate, as favorably as co-operative insurance may do.

Dr. Richardson will do his company a real service if he will explain one or two matters in connection with it, upon which its former officers were not quite explicit. Plainly, we ask what became of the \$4,000 paid on the ten-dollar assessments of the first four hundred members? What is the nature of the securities in which the funds of the company are invested? What about the \$2,500 salaries voted the officers last fall? If there was "mismanagement" on the part of any of its former officers, do they retain, in any capacity, a connection with the government of the company? A frank, plain answer to the above will do far more for the company's good than the reply of the late secretary (a few weeks before his resignation), that the office of the company was No. so and so, where information might be obtained. Gentlemen in Iowa, Texas, etc., said it was inconvenient to call.

Nothing in a business way should ap-  
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proach nearer to the character of Caesar's wife than insurance companies, and, above all, co-operative insurance companies. The state of Kentucky protects its insured in ordinary companies by requiring a deposit, and placing them under the surveillance of a state officer, who forces exhibits. Co-operative companies do not come within the law. With them it is *caveat emptor*—every man look out for himself. Now, those who invest with co-operative companies are generally quite poor, being led to do so by their seeming cheapness; and in a doctors' company of this sort many a poor fellow is apt to deposit some of his hard-earned pay as a protection for his wife and little ones when he is gone. In the name of these we demand, does any of the old leaven of the American Mutual Benefit Association of Physicians leaven its present lump?

THE British Medical Journal, having nominated Mr. Lister for the chair left vacant by the death of Sir Wm. Fergusson, expressed the opinion that his advent in London would be hailed with enthusiasm by the profession. The quality of this may be perhaps judged by the remarks made by Mr. John Wood in the amphitheater of King's College Hospital, the scene of Fergusson's triumphs, where he said the chief characteristics of the dead chieftain were the simplicity and directness of his methods, his contempt for germ theories, and abhorrence of a return to the complicated dressings of the Middle Ages. Mr. Wood is the surgeon of the hospital next in seniority to Sir William Fergusson, and is in the line of succession. Meanwhile seven hundred students of the

University of Edinburgh have presented an address to Mr. Lister praying him not to leave the northern capital. In his reply he said he had not yet been asked to do so; that there was nothing in London at the present time good enough to draw him there; that clinical teaching of surgery was in the metropolis a mere sham; and that were he certain of obtaining the topmost position in private practice, and have to teach surgery as it is taught there at present, he would not go. All of which goes to show that Mr. Lister would mix about as well in London as did Mr. Syme, and that the headquarters of the war against bacteria will no doubt continue within the Scottish borders.

### Original.

#### VERSION BY THE VERTEX IN SHOULDER PRESENTATIONS.

BY WILLIAM H. BOLLING, M. D.,

*Professor of Midwifery in Hospital College of Medicine,  
Louisville, Ky.*

About twenty years ago Dr. M. B. Wright, of Cincinnati, published an article advising version by the vertex in shoulder presentations by means of a method now known as Braxton Hicks's, after a London physician who subsequently described the same operation, viz.: "Previous to the rupture of the membranes, with one hand within the vagina to thrust up the shoulder, the external hand to push the head from the iliac region to center of superior strait, and then to allow nature to terminate the labor."

Some eight or nine years ago I was called to the assistance of a midwife, and found a poor woman suffering from protracted labor, the right hand of the now dead child protruding from the vulva (the bones of the right arm were broken in many places by the efforts of the midwife to force a delivery), the shoulder and portion of the chest external to the womb; the child's back was toward mother's abdomen, its head lying across the center of the left ilio-pectineal

line; the uterus was acting violently, and the mother was much exhausted. I brought her well under the influence of chloroform, and by its relaxing effect was enabled WITHOUT EFFORT to return the protruded parts within the uterus; my external hand through the flaccid abdominal and uterine walls readily recognized the head, and forced it down to take the place of the receding shoulder; in a few moments uterine contraction completed the labor naturally. The woman made a good recovery.

On the night of March 9th I was again summoned to the assistance of a midwife, and found a woman exhausted from a prolonged labor. The left hand of the almost lifeless child protruded from the vulva; the shoulder and portion of the chest tightly grasped by the os uteri, which from its irritable condition seemed in a state of almost continuous contraction; the back of child was toward the mother's abdomen, the head across the center of right ilio-pectineal line. I brought the woman profoundly under the influence of chloroform, and *without violence* returned the extruded parts, and moved the shoulder sufficiently high to allow me with my external hand to press the occiput from its abnormal position to a point opposite the right acetabulum, my internal hand securing the proper flexion. The labor then progressed as if the case had originally been one of the second position of the vertex. The child, although with difficulty resuscitated at birth, is now doing well, as is also its mother.

My object in citing the above cases is to call attention to the feasibility of version by the vertex even under the most unfavorable conditions. My success in this limited number of such advanced cases prompts me to believe that the time has arrived when version by the feet, at least in shoulder presentations, should be regarded as an unwarranted operation, as it certainly is a dangerous one to both mother and child. *Previous to the rupture of the membranes* rectifying a transverse presentation is comparatively a simple matter when we follow Dr. Wright's plan,

and in addition gain the assistance of gravity by placing the woman in the knee-and-chest position, as is done in prolapsus of the cord.

LOUISVILLE.

## Correspondence.

### A NEW SPECULUM.

To the Editors of the Medical News:

Hearing my friend, Prof. D. S. Reynolds, complains of the ordinary spring speculum, both with and without the set-screw, and observing the effect upon the gaping wound in cataract extraction, where too wide separation of the lids occurred, I thought the difficulty might be surmounted in some easy way. My own experience confirmed the observations of Dr. R.; and I concluded that loss of vitron in extractions nearly always resulted from too wide separation of the lids or the pressure of the blades of the speculum on the globe. To correct these defects in the instrument ordinarily used, and thereby remove some of the sources of danger above mentioned, I devised and had constructed an instrument, the exact representation of which may be seen in the accompanying cut. My instrument retains all the properties of the spring speculum, with the advantages of a graded adjusting screw, and the power to project the lids forward by the weight which the graduating screw gives to the distal extremity of the instrument.

The greatest difficulty in the use of specula has been to limit the degree of separation of

the blades without so fixing the instrument *in situ* as to prevent hasty removal in critical moments during the contractions of the orbicularis—a very frequent occurrence in persons who resist the action of anæsthetics. In my instrument all these difficulties are overcome. It has been a year now since the instrument was put upon trial, and I have had reason to feel more pleased with it every time it has been my good fortune to make use of it.

Prof. Reynolds informs me that he uses my instrument exclusively, and that he has not lost a drop of vitreous humor since he adopted it.

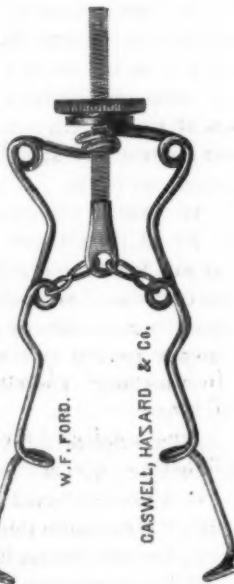
M. F. COOMES, M. D.

## Reviews.

**The Tonic Treatment of Syphilis.** By E. L. KEYES, M. D., Adjunct Professor of Surgery and Professor of Dermatology in Bellevue Medical College, etc. New York: D. Appleton & Co.

Dr. Keyes is the same who a year or so ago, in conjunction with Dr. Van Buren, wrote the charming volume on Diseases of the Genito-urinary System; who in the January (1876) number of Hays's Journal contributed an important paper on the Effect of Small Doses of Mercury, etc., and also read a paper on the Treatment of Syphilis before the section on Dermatology at the International Congress. In his present essay—a little book of eighty pages—he presents to the profession an elaborate and yet succinct account of his method of treating syphilis, and the rationale thereof.

Dr. Keyes waits till the diagnosis of syphilis is established beyond question before beginning treatment. A chancre, no matter how positive its signs, is not enough to convict the patient. Unless confrontation establish the source of the contagion, nothing but an eruption or the induration of the post-cervical or epitroclear glands should declare the time for real action has arrived. Placebos which may have been used must then be withdrawn, and the patient be put upon mercury. Any preparation may be used.



He gives preference to the protoiodide, and of this the granules of Garnier & Lamoreux, containing each a centigramme ( $\frac{1}{10}$  grain), are considered best. If these can not be obtained, pills made with tragacanth, containing each one sixth of a grain of the protoiodide, may be used. He mentions also half-grain pills of blue mass, the same (in anæmia) combined with an equal part of dried sulph. of iron; one-fiftieth-grain pills of bichloride of mercury, with same amount of reduced iron; one-fiftieth-grain doses of bichloride of mercury, with or without muriate tincture of iron in solution. Whichever one of these may be chosen, the method of using is similar.

Proper measures of personal hygiene having been instituted, the mercury is given in the following manner: The patient is ordered one granule (if these be chosen) three times a day, immediately after meals, and every fourth day *one* granule is to be added to the *daily* amount taken. This is to be continued until there is positive evidence of irritation of the bowels or until the gums are slightly touched. The amount now taken is known to be the **FULL DOSE** of that particular preparation for the patient. It is to be continued with the aid of opiates until the eruption, or whatever syphilitic symptom it may have been exhibited for, is overcome. It is then to be reduced one half; and the dose thus reached constitutes the **TONIC DOSE**, and must be exhibited day after day, month after month, waiting for new symptoms to make their appearance. Should any occur, the **RESERVE DOSE**—*i. e.*, the one half which had heretofore been omitted—must be added, and the patient then gets the **FULL DOSE** again, to return to the tonic dose when the syphilitic symptoms have again subsided.

Dr. Keyes insists on this treatment being carried out for two and a half and often three years or more, and does "not feel that justice has been done his patient till at least two good years of treatment lie behind him, and at least six months of entire exemption from any symptom due to syphilis, even the mucous patch."

This is the "essence" of his general treatment, as he himself states. Admirable details are given upon other matters connected with the subject—the avoidance and treatment of salivation, of inunction, the mercurial vapor baths, the use and value of the iodides, etc.

Dr. Keyes says that his experience leads him to state that "syphilis in private practice is a very manageable disease;" that beyond the first eruption there is little to bother the patient when treatment is fully carried out; that "they may marry and produce healthy children;" and that "the bad cases are those which have been overtreated or undertreated early in the disease, and have not pursued a regular, systematic, continued course."

These are pleasant words to hear, and will be corroborated by most surgeons having much to do with this malady, and they will find in Dr. Keyes's essay, saving one or two omissions, perhaps (the use of analeptics at times, etc.), a statement of the very best treatment of syphilis in present use admirably set forth.

Our readers, recognizing the face of an old friend (brightened though it may be), may wonder where it acquired the additional title of "tonic," as given to it by Dr. Keyes, especially as no remedy to which that name is usually applied cuts any important figure in his method. Therein lies the point with Dr. Keyes.

Said a judge of the Court of Appeals in Kentucky once, when confirming the opinion of a lower tribunal (which was not his wont), "We confirm this decision, but we are led to our conclusions by reasons vastly different from those which influenced the other court." And so in 1877 Dr. Keyes accepts the fact—one of the few of which medicine can boast, which the evidence of a hundred years has been establishing—that mercury is the antidote in certain stages of syphilis; it may be by neutralizing it, by resolving it into innocent elements; by protecting tissue against its ravages; by specific or alterative action, or whatever explanation or term we



may use in the poverty of our ideas concerning the essence of vital action. He accepts the fact of its antidotal properties, we say, not from clinical experience alone, and empiricism, but because he finds it rests upon "a tripod of physiological experiment, inductive reasoning, and clinical observation." "Such is the method [of proof] I have been striving for," he says, and adds: "I have made an earnest effort to solve the problem of the true treatment of syphilis, and I trust I have succeeded as far as the general treatment is concerned."

Let us see how much he has strengthened the legs of the tripod. His physiological researches show

That where mercury is given in excess, the number of the red corpuscles in the blood is diminished;

That syphilis diminishes the number of the red corpuscles below the healthy standard;

That mercury in small doses, continued for a short or long period in syphilis alone, or with the iodide of potassium, increases the number of the red corpuscles;

That the same action of small doses of mercury is observed in health.\*

The TONIC ACTION of mercury in small doses is therefore demonstrated, and inductive reason couples this action with the improvement which takes place in syphilitic symptoms when the mercury is so used.

Dr. Keyes deserves the utmost credit for his superior investigations of the action of mercury on the corpuscles (a discovery which may some day lead to important results), but that they should have led him to cry eureka so suddenly upon the problem of the treatment of syphilis is amazing, in these days when science is daily preaching the danger of inferences from single facts. The proposition would be tolerably fair if syphilis was some particular difference between red and white corpuscles.

John Tyndall would have come at the point from forty different ways before he

would have dared to have hinted at any connection between it and any thing. Leaving out of consideration the ordinary tonics which are known to influence syphilis only by their general effects, his further experiments ought to have enlightened Dr. Keyes upon the point that there is a *tertium quid* in syphilitic action and remedial measures which the microscope did not reach. He naively remarks:

"I have also studied the effect of the administration of iodide of potassium upon the blood in syphilis early and late in the disease. The iodides certainly are tonic, and increase the number of the red cells. *In syphilis they do this to a greater degree than mercury does.* During the investigation, however, it turned out that while iodide of potassium given early in syphilis increases the number of red cells more rapidly than does mercury given under similar circumstances, . . . yet the syphilitic symptoms appear none the less, and are not so much modified and delayed as they are by the seemingly less tonic influence of mercury."

Is it not a fairer inference that it is by other than its tonic influence mercury acts on syphilis?

We admire the enthusiasm of Dr. Keyes, which is shown in his hymn to the iodides, wherein he sings: "No means in the physician's hands place him so near the Deity as the iodide of potassium. With it in well selected syphilitic cases he can sometimes almost effect a resurrection," etc.; for enthusiasm is what makes the medical world go round.

We might overlook any little inaccuracy in calculation in a paper dealing so largely in mathematics; and in this connection the formula on page 57, wherein the division of *half a grain* by *thirty-two* is made to represent *one sixteenth*, is returned for repair. We can forgive a considerable amount of dogmatism in details of treatment; for in truth we want dogmatism in such matters, and tire of constantly weighing evidence. We accord to him mastery in the use of his weapons, and the credit of producing an excellent little work; but we must take him to task for the damage he may do to the tripod upon which he builds. As Horatio

\*The description and use of the hematimeter in these experiments is explained.

Wood says, the medical mind of to-day ardently longs for something whereon to establish its faith more stable than the "rational empiricism" which has been its mainstay for so long a time. It hopes much from the additional aid offered by the physiological method, but this must only suffer in estimation when its zealous advocates too eagerly push its discoveries to applications glaringly at fault.

## Formulary.

[Communicated by various practitioners.]

### ADMINISTRATION OF OL. TEREBINTHINÆ.

Oil of turpentine, like all volatile oils, can only be made into what is called a pseudo-emulsion. Such substances require a larger quantity of emulgers. Forbes's plan is probably the best in case of oil of turpentine, ether, or chloroform. This consists in introducing into the dispensing vial the proper quantity of the volatile substance, shaking it about to moisten the walls, then adding the proper amount of finely powdered acacia (about half the weight of the volatile liquid), agitating thoroughly, and gradually adding syrup in small quantities. The formula which we recommend is as follows:

R Ol. terebinth..... fl. ℥ ss;  
Pulv. acaciæ subtiliss..... ℥ ij;  
Syrupi..... q. s. ad. fl. ℥ iv.  
Ol. menthæ pip. .... gtt. v.

(A tablespoonful contains 30 minims of ol. terebinth.)

To the oil of turpentine in the vial, after shaking it about, add the powdered gum arabic; agitate well, then add the syrup in small portions, shaking well each time, and finally add the oil of peppermint, which will completely disguise the taste of the turpentine. To persons accustomed to liquor it can be administered in gin, if the latter is not contra-indicated; and finally it may be given in gelatine capsules.—*S. N. N., Old Town, Me., in New Remedies.*

### STRUMOUS OPHTHALMIA.

I have administered Fowler's solution in doses compatible with the age of the child, varying from two to eight minims three times a day, and combined with some general tonic, such as cinchona. The continuance of this treatment for a few weeks, with one drop of a solution of nitrate of silver (four grains to the ounce) dropped into the eye every three or four days, I have never known to fail.—*Thomas Andrew Roberts in British Medical Journal.*

### PREPARATIONS OF IODOFORM.

Dr. J. H. Johnson's formulae for iodoform suppositories and glycerole of iodoform are as follows:

*Iodoform Suppositories.*—Iodoform (in powder), 30 grains; oil of theobroma, 7 drachms. Triturate the iodoform with half a drachm of the oil, add to the remainder the oil previously melted, and make six suppositories.

*Glycerole of Iodoform.*—Iodoform, 40 grains; glycerine, 1 ounce. Triturate the iodoform with the glycerine.

### REMEDY FOR TOOTHACHE.

R Acid carbol. sat. sol.  
Tr. opii ..... 2 parts;  
Ext. fl. aconiti ..... 2 parts;  
Ol. menth. pip. .... 1 part.

Cotton moistened with this is to be introduced into the hollow tooth.

## Miscellany.

A YEAR'S OVARIOTOMY IN THE SAMARITAN HOSPITAL.—On February 14th Mr. Spencer Wells performed ovariectomy for the first time in 1877 in the hospital, on his return from the Continent; and he took the opportunity of giving the experience of the operation in the hospital for the year 1876. He said that it was the most favorable yet attained in that hospital, and, he believed, any where. There had been fifty-five operations, and only five patients had died, while fifty had recovered; a mortality of little more than nine per cent. He had done forty of these operations himself, and four patients had died, or one in ten. Dr. Bantock had done seven, and six patients had recovered; and Mr. Thornton eight, all of them successful. Many of the cases had been extremely severe, and in several both ovaries were removed. On the 21st inst. Mr. Wells added that the patient operated upon on the 14th was recovering without an unpleasant symptom, and that three of the patients operated upon last year had been examples of ovariectomy performed for the second time upon the same patient. In one the first operation was done eleven years ago; in the second three years ago. Both patients recovered

better after the second than after the first operation; and so had a third patient, on whom he (Mr. Wells) had operated three years after the first operation, which was performed at Portsmouth by Dr. Ward Cousins. —*British Medical Journal*.

BILLROTH.—A correspondent of the New York Medical Record draws this picture of Prof. Billroth: "A profound pathologist, an accurate anatomist, an operator bold to the verge of rashness, an easy conversational lecturer, an accomplished linguist, a good blackboard draughtsman, are qualities not every day to be found combined in one who during the most severe and tedious operations preserves an amiability and unpretentiousness which makes his presence a companionship to the youngest assistant. Nor does one often find the strength and endurance of a blacksmith uniting these qualities on one hand to a distinguished social reputation as a composer and pianist on the other. A combination of qualities like this in one so favorably circumstanced could hardly fail in achieving the popularity and success which Professor Billroth has accomplished."

DEATH FROM TWENTY GRAINS OF CHLORAL.—Dr. E. Fletcher Ingals writes to the Chicago Medical Journal and Examiner as follows: "Dr. A. Ashbaugh has given me the following notes of a case of poisoning by chloral which he witnessed in the office of a friend in Monville, Mo., about three years ago. The case has never been reported: A German woman, about thirty-three years of age, apparently healthy, came into the office to have some teeth extracted. She desired some medicine to prevent the pain, and the doctor gave her ten grains of hydrate of chloral, which dose he repeated in one hour. Soon after the second dose the patient manifested alarming symptoms of poisoning; and although all was done that could be to resuscitate her, she died in about fifteen minutes. No post-mortem examination was made. The patient had

taken only two doses of the chloral, of ten grains each, the second having been given one hour after the first."

A YOUNG MOTHER.—An esteemed and entirely trustworthy correspondent has furnished us with the following facts touching a case which came under his observation. As an instance of early maternity, the case is one which certainly vies with any case on record: The girl first menstruated when ten years and six months of age. She became pregnant at eleven years and six months, and was safely delivered of a male child January 19, 1875. The reputed father of the child was at the time a hopeful of fourteen years of age. The child is still alive, but not very strong or bright, though the promising parents are doing as well as could be expected.—*Detroit Medical Journal*.

IN the competitive examination for places of resident graduates in the Louisville Hospital, between the Hospital Medical College and the Louisville College (Phenomenon), the Hospital school won the first, second, and fourth places, the Louisville the third. The composition of the Returning Board was altered this year.

THE Toledo Medical and Surgical Journal is published at Toledo, Ohio, and edited by Jonathan Priest, M. D.; terms, \$1.50 per annum. The Journal is issued monthly, each number containing thirty-two large octavo pages, and presents a creditable appearance.

WITH the New York Medical Record looking after the country, and the Philadelphia Times looking after the New York Medical Record, we sleep once more peacefully.

GEORGE WASHINGTON, Thomas Jefferson, and Napoleon Bonaparte are practicing medicine within a stone's throw of each other in Louisville, just like other doctors.

THE Doodle-bug stirs. The spring rains have caved in the sides of his trap.

**OLEATE OF BISMUTH.**—There are but very few solvents of bismuthic compounds which permit their promiscuous use internally or externally. That which is most commonly employed is a solution of ammonium-citrate containing bismuth either as nitrate or as citrate, according to the mode of preparation, and known under the names "liquid bismuthi" or "liquid bismuthiet ammonii citratis." Mr. S. C. Betty now proposes a new solvent—namely, oleic acid—which will probably be found to be more advantageous when desiring to employ the solution endermically. This compound was first suggested by Dr. Louis Lewis, of London, and is prepared by Mr. Betty as follows: Oxide of bismuth, Br. P., is ground very fine, and the oleic acid gradually incorporated with it. The mixture, being placed in a suitable vessel, is subjected to a temperature of nearly its boiling-point, then allowed to digest with frequent agitation at a temperature of about 60° C. during four days, or until it solidifies. The result is pharmaceutically a plaster—chemically an oleate of bismuth. According to Mr. Betty's statement, however, the results of this manner of preparation are not uniform, so that probably an easier or more reliable process will have to be substituted. As to the therapeutic application of this compound, it might be objected to by those who maintain that the energy of the bismuthic compounds is exerted by mechanical contact; yet it will probably be found a useful application in certain skin-diseases, as it readily melts in the hand, is bland to excoeriated surface, and penetrates by its own limpidity.—*Pharm. J. and Trans.*

EACH day brings to light a new doctor who had a positive promise from somebody of the appointment to the surgeoncy of the United States Marine Hospital in this city, had the E. T. possessed an *aliunde* ear.

IN the notice of a new Eustachian catheter presented last week the text omitted to show that it was the invention of Dr. Coomes.

## Selections.

**Treatment of Scarlet Fever.**—Dr. B. M. Griffith, of Springfield, Ill. (*Chicago Medical Journal and Examiner*), says:

"Any practitioner of experience in this malady recognizes the fact that 'there is no specific for scarlatina.' Any careful observer at the bedside will also recognize the fact that those remedies most potent in treatment are those which destroy the specific poison, control the temperature, and prevent the disintegration of tissue. Of such remedies sulphocarbolate of soda, carbolic acid, salicylic acid, bromine, iodine, and chlorine are the principal ones.

"Take as a typical case a child, ten or twelve years old, of good, vigorous constitution, in which the palate, uvula, and tonsils are red and swollen, with enlarged and inflamed cervical, inguinal, and axillary glands, eruption well developed, high grade of fever, tongue dry, and pulse rapid. The bowels should be kept open, and for obvious reasons saline cathartics are preferable, like effervescent Crab Orchard salts or Seidlitz powders. For the throat I generally give this prescription:

R Potass. chlorat.....	℥ ij;
Tinct. ferri mur.....	℥ ss;
Syrup simpl.....	℥ iij;
Aquæ destil.....	℥ ij.

M. S. Teaspoonful in water, and gargle once in two hours.

"In the beginning cold applications to swollen glands and frequent allowance of ice to relieve thirst and check inflammation about the palate, uvula, and tonsils.

R Acid. salicylic. sol.....	℥ ij;
Potass. chlorat.....	℥ ij;
Aquæ destil.....	℥ ij.

M. S. Teaspoonful in water once in two hours.

"(N. B.—The salicylic-acid solution has two grs. to the drachm, prepared with boracic acid.)

"If the temperature is very high, and the thermometer registers 102° or over, give salicylic-acid solution, two teaspoonfuls in water, alternating with potass. mixture until the temperature is reduced.

"Salicylic acid is unquestionably antiseptic, antizymotic, and antipyretic, and can not be too highly praised as a remedy in scarlet fever, diphtheria, and typhoid fever. Scarlatina must have a remedy that meets it on the very threshold of its invasion, and contends the ground step by step until conquered and utterly routed. Local remedies are only palliative and adjuvants in the treatment, and he who recognizes the constitutional malaise has already taken the initiatory step which leads to victory. Salicylic acid as a remedy meets the indications. Only such remedies as antagonize the disease element ultimately



win the battle. Cases treated with this remedy have been unusually exempt from the troublesome and annoying sequelæ of this disease. Albuminuria, dropsy, purulent discharges from mucous membranes, seldom give any trouble.

"As a tonic:

R Quinæ sulph.....	℥ ss;
Tinct. ferri mur.....	℥ ij;
Potass. chlorat.....	℥ j;
Syrup simpl.....	℥ ij;
Aquæ destil.....	℥ ij.

M. S. Teaspoonful in water once in three hours.

"Hygienic laws must be strictly enforced, not only for the benefit of the household, but for the assistance in the cure of the patient. Cleanliness, frequent change of clothing for the bed and patient, ventilation, and above all *disinfection*. For the latter vaporized iodine is altogether the best and most pleasant method—less offensive, and more tolerant by the nasal passages. Half a grain of iodine, five grains of iodide of potassium, with an ounce of water, kept in an open vessel at a high temperature, will be sufficient locally to relieve the excessive irritation of skin.

R Aquæ cologniensis.....	℥ iv;
Glycerinæ.....	℥ ij.

M. S. Apply freely with sponge as often as required.

"There are cases which from the beginning show profound depression from the poisoned condition of the system.

R Ammon. carb.....	℥ iij;
Syrup. aurant.....	℥ j;
Emuls. amar. amygd.....	℥ iij.

M. S. Teaspoonful once in two hours, or oftener if necessary, until good circulation is restored, alternating with sol. salicylic acid, teaspoonful doses.

"The salicylic acid lessens the temperature; it does so as an antiseptic and antizymotic, antagonizing the poison which is producing depression.

"In those cases of painful ulceration of fauces and tonsils:

R Chloral hydrat.....	℥ j;
Glycerinæ.....	℥ v.

M. S. Applied with brush gives great comfort, enabling the patient to swallow medicine and food without so much pain.

"Sol. mur. of ammon. may be substituted for ice or cold water to glandular inflammations by cloths dipped in the solution and applied."

**Injection of Ammonia into the Veins in Collapse.**—R. D. Pinnock, M.B., of Melbourne, Victoria (British Medical Journal), reports the following:

"Upon a recent occasion I injected ammonia in a case of collapse from scarlet fever. The patient had been unconscious for some time, and at the time

of injection there was no perceptible pulse at the wrists; the respirations were about six to the minute; the arms up to the elbows were livid and cold, as were also the nose, lips, and ears. After five minims of the liquor ammoniæ fortior had been injected into the median cephalic vein (previously laid bare and separated from the surrounding tissues), the patient gave a cry and threw up his arms; the pulse returned to the wrists; the natural hue and temperature to the nose, lips, etc.; and consciousness returned, so that he could hear, understand, and give intelligent replies to any questions. Three hours afterward he was again in a state of collapse; and this time I injected eight minims into the median vein, with the same result as before. In an hour and a half he was again in a state of collapse, and died before I could find a vein to inject. In this case the undiluted liquor ammoniæ was injected, although Dr. Halford recommends now to dilute with equal or two parts of water. The effect after each injection was almost instantaneous—certainly under one minute after each. Although life was not saved, it was prolonged for six hours; for I am satisfied that the patient would have been dead within five minutes of the time I first injected.

"The case is instructive from a medico-legal point of view, for there was perfect return of consciousness after the somewhat prolonged period of perfect unconsciousness; and this might be an important thing in the case of signing wills, identifying murderers, or giving last instructions to relatives summoned from a distance, etc.

"There was no appearance of sloughing, though the undiluted liquor ammoniæ fortior (B. P.) was used; and I am convinced the danger of sloughing need never be an impediment to its use in ordinarily skillful hands; and if after baring the vein a few drops of oil be poured over the wound before inserting the nozzle of the syringe, that danger is reduced to a minimum.

"My case was a lad, aged fifteen, weighing over eleven stone, and measuring six feet one inch. He died on the seventh day of the fever. The eruption had been well marked; but on the fifth day it began to assume a livid hue, and severe jactitation set in. There was no suppression of urine at any time, and the throat was unaffected. The highest temperature recorded in the case was 103.4° Fahr."

**Adulteration.**—Adolph W. Miller, M. D., Ph. D. (Proceedings of the Pharmaceutical Meeting, January 19, 1877), gives some extraordinary accounts of falsification of drugs and chemicals having recently come to his notice:

*Sulphate of quinia*, put up in the usual style of the American manufacturers, has heretofore been regarded as being above reproach. Even our lately much abused dealers in *pure* essential oils in New

York contented themselves with operations in Pelletier's French quinia. My information is to the effect that a year or two ago, in one of our Western cities, the labels of American manufacturers were deliberately soaked off, after which an admixture of salicin was introduced. The label was then replaced, and the article disposed of. Another somewhat more enterprising dealer in the same city had muriate of cinchonia manufactured on his own premises, and used this to adulterate sulphate of quinia to a large extent. In this case the preparation was put up in tin-cans without bearing the name of any manufacturer.

*Italian essential oils*, chiefly lemon and bergamot, were imported by a Western druggist to the extent of one hundred cans in one lot. They were false seals and brands.

While in the East the adulteration of *tartar* is almost entirely confined to grocers and spice-mills, in the West the wholesale druggists also seem to indulge extensively in this fraud.

The labels and wrappers of *English calomel* have been successfully imitated in the West, and large amounts of this pseudo-imported chemical have been there disposed of.

*Arrowroot*.—H. P. Marsden received some time ago an original package of arrowroot, the appearance of which was all that could be desired. It dissolved completely in boiling water, but did not form a thick mucilage. Examined under the microscope, it presented elliptical grains about three times as large as those of maranta, and mostly provided with a well-developed hilum, which latter characteristic points to *tacca fucula* from *tacca pinnatifida*. He also mentions having received two packages with damaged arrowroot. In the first the musty smell pervaded the whole contents; the second keg, however, presented nothing unusual in the top layer, but the last half of it was musty. Mr. Marsden therefore recommends to examine the whole package, and not be satisfied with a small sample from the top.

*Balsam Tolu*.—R. V. Mattison found this article adulterated to the extent of sixty-three per cent with a balsam prepared from the bark of *Liquidambar orientale*, and nearly eleven per cent of bark and charred ligneous matter.

*Cayenne Pepper*.—A lot of ground capsicum was received by the writer, which on examination by Prof. Harrington proved to be a mixture of over fifty per cent turmeric, wheat, and corn-starch, and a small percentage of horse-radish.

*Ergot*.—Hr. Henry Trimble exhibited an unknown substance at the pharmaceutical meeting of the Philadelphia College of Pharmacy, which had been sent from Maryland to be sold for powdered ergot. It had no resemblance to the drug.

*Golden Seal*.—A lot of about five hundred pounds

of *Hydrastis Canadensis* offered for sale in Cincinnati proved on examination to be about one half beet-root, while mixed throughout the entire mass were *serpentaria*, *cyripedium*, *sanguinaria*, May apple, and other substances.

*Hyoscyamus*.—In a lot of *hyoscyamus* purchased in New York the writer found feathers, bay leaves, straw, oats, stone, branches from unknown plants, and wood, to the amount of about eight per cent.

**On the Proper Treatment of Laceration of the Cervix Uteri.**—At a recent meeting of the New York County Medical Society (New York Med. Jour., Monthly Abstract) Dr. Thomas Addis Emmet read a paper of which the following is an abstract:

"About two years ago I read a paper before this society on the subject of Laceration of the Cervix Uteri as a Frequent and Unrecognized Cause of Disease, and since that time I have heard expressions of disappointment from some of those who have performed the operation which I then suggested. The cause of failure rests, I think, in the neglect to properly prepare the patient by appropriate treatment, for, if this precaution be not taken, not only may no benefit result, but the life of the patient may be jeopardized.

The conditions detrimental to an operation, and which should be removed before bringing the flaps together, are cystic disease of follicles, which roll out the flaps and sometimes nearly strangulate them; pelvic peritonitis or cellulitis; displacement of the uterus; presence of cicatricial tissue at the apex of the cleft; also constriction of the cervix by cicatrix at the base, resulting from double laceration; and congestion of the uterus from any cause.

Cystic disease of the follicles of the cervix results from an inflammation of them, and consequent dilatation from closure of their orifices. When the patient is examined in this condition, the mucous membrane will be found rolled out usually to the internal os, and the flaps will look as if strangulated. If the cervix is examined by the finger numerous little cysts, resembling shot, will be felt. The treatment is to puncture them, and apply Churchill's tincture of iodine to the cervix. This procedure must be had recourse to time and again, as long as their presence can be detected.

Pelvic peritonitis or cellulitis is a very common result of the injury, and it will recur in nearly every instance after operation, if it be performed before every trace of tenderness has disappeared from the neighborhood of the uterus. It frequently happens that one or both folds of the broad ligament become thickened or shortened by inflammation. Then the whole weight of the uterus is supported by the ligament when the patient sits or stands up. Irritation, which follows, often keeps up an old cellulitis, and

this cellulitis can most readily be cured by adopting a pessary to relieve the tension; care must be taken, however, not to apply a pessary which will lift the uterus too far upward, for in that case tension would still occur, but in the opposite direction. The best guide is the patient's sense of relief, and her unconsciousness of the presence of the instrument.

The other treatment of peritonitis or cellulitis is the use of counter-irritation to the lower part of the abdomen, and vaginal injections, night and morning, of water of a temperature ranging from 100° to 110°. The most frequent form of displacement is backward and to the side. Treatment must be continued till the uterus has assumed the normal or anteverted position.

Cicatricial tissue is usually found at the apex, or deepest part of the cleft, and, moreover, in cases of double laceration, it may be so extensive as to cause constriction of the cervix, when aided by distended mucous follicles.

Congestion of the uterus, if present, acts unfavorably to the operation. It is a usual result of sagging down of the organ from the loss of the perineum or other supports. Hot-water injections, with artificial support, aided by the use of quinine, if the patient suffers from malaria, should be persevered in till the patient is relieved.

After the proper preparatory treatment has been pursued, failure, partial or complete, may result from lack of sufficient care to adjust the flaps. When the cysts, if formerly present, are thoroughly evacuated, a convex surface may result from contraction—this must be cut away to get proper adaptation.

Again, the cicatricial tissue must be thoroughly removed, for its presence in the cervix is often an unsuspected cause of nervous or neuralgic symptoms in other parts of the body. Failure may also result from too tight twisting of the sutures, causing them to be cut out.

The operation of freshening the edges is simple in principle and not difficult in practice. It is much facilitated by drawing the uterus gently down toward the vulva, and steadying it with a strong tenaculum, held in the hand of an assistant. The lowest portion of the lacerated surface should be removed first, inasmuch as by this means the oozing of blood does not obstruct the view of the undenuded surface. The portion to be removed is hooked up with a tenaculum, and kept on the stretch, while it is being separated, for, by doing so, a continuous strip, running from flap to flap, can be taken away, and it is the best plan for insuring denudation of the whole surface. If the surface be lacerated by a dull instrument, instead of a sharp knife or scissors, there may be additional risk in obtaining union by first intention. The more dense and indurated the tissue, the less vascular will be the parts, and in such a case the

lancet-pointed needle of Dr. Sims serves best for the introduction of the sutures. If, however, the cervix is soft and vascular, the round needle should be used. The chief object to be kept in mind is the accurate adjustment along the outer or vaginal surface of the cervix, for, if this is done, no trouble will occur in approximating the inner surface. After a week the sutures can be removed, but care must be taken in their withdrawal that the adhered surfaces be not torn apart.

The principles of the operation are simple, and its execution not difficult, but the best results will follow cases in which the greatest care has been taken as to the details of treatment, and particularly to the preparation of the patient, which may extend for a period of two or three months, or till all signs of coexisting disease are removed.

#### **Abscess of the Liver Mistaken for Empyema.**

Dr. Paris relates, in the *Giornale de Medicina Militaire* for September, the case of a soldier who was admitted to hospital with an abscess on the left trochanteric region. He had been healthy, but three years before admission had received a gunshot wound in the right hypochondriac region which confined him to bed for six weeks: at this point was an irregular cicatrix, adherent to the subjacent muscular tissue. The abscess having been opened, the resulting wound, in spite of energetic local treatment, extended and assumed a fungous aspect, the edges became undermined, and sinuses were formed. Under local and constitutional treatment the wound healed in about two and a half months. After having remained some time in a favorable condition, the patient was attacked with fever preceded by rigors, troublesome dry cough, dyspnoea, and a stabbing pain in the right mammary region. Inflammation of the right pleura was diagnosed: leeches were applied, afterwards a blister, and repeated doses of quinine were given. The patient, however, grew worse, and, at the end of a month, presented the following symptoms: He had severe dyspnoea. The pectoral fermitus was completely abolished. There was complete dullness of the right chest anteriorly and laterally as high as the third rib, and from this part to the subclavicular fossa there was tympanitic resonance. The right side of the chest was distended, the greater convexity being at the lower and lateral part; the intercostal spaces were dilated and prominent. Posteriorly and above, resonance was more extensive, and bronchial breath-sound was heard in the supraspinous and infraspinous regions. The heart was displaced to the left and upwards. Thoracentesis was performed, an incision being made along the posterior axillary line of the right intercostal space, where fluctuation was perceived. About two kilogrammes (more than four pints) of very fetid ichorous pus, mixed with detritus

of tissue, escaped. No relief, however, was obtained; the disturbance of respiration remained, and the fever continued intense. Death took place five days after the operation. At the necropsy, the left side of the chest as high as the third rib was found to be occupied by the liver, which pushed the diaphragm upwards and against the wall of the chest. The right lung was collapsed, displaced upwards and inwards, and at its base was adherent to the diaphragm. The liver, which was enormously enlarged, had on its convex surface a vast abscess, containing pus of the worst quality; the liver-tissue beneath had undergone fatty degeneration, and contained two other abscesses. The diaphragm presented, at the point corresponding to the incision in the chest-wall, the puncture made by the bistoury.—*London Med. Record.*

#### Cold-water Baths in some Acute Diseases.

Dr. J. S. Greene read a paper upon this subject before the Norfolk District Medical Society (Boston Medical Journal), which concludes as follows:

1. That a rise of temperature, whether sudden or gradual, sufficient to indicate danger demands the prompt resort to energetic measures designed to reduce the heat of the body; and that cold-water baths form the most prompt and efficient and often the only available agent to this end.

2. That neither infancy nor enfeebled vitality constitute contra-indications to this treatment.

3. That local congestions accompanying or contributing to produce such high temperature do not form a contra-indication to this treatment, but, on the contrary, definitely aid in determining the manner in which the cold baths shall be applied.

4. That this mode of treatment, while an invaluable resource in dealing with certain definable conditions having a grave prognostic significance, has not any specific curative power. Some cases will prove fatal in spite of its judicious use, and many more will succumb under phases of disease where measures for the mere lowering of febrile temperature have no influence and no proper application.

#### Three Hundred Cases of Ovariectomy, with Remarks on Drainage of the Peritoneal Cavity.

—The following is a summary of the remarks of T. Spencer Wells at the meeting of the Royal Medical and Chirurgical Society (British Medical Journal): The author had arranged in a table, similar in form to those in which he had brought five hundred cases of ovariectomy before the society between 1859 and 1872, three hundred additional cases, representing the whole of his practice, from the five hundredth to the eight hundredth case; distinguishing the cases performed in the Samaritan Hospital from those in private houses and in nursing institutions. The mor-

tality in the sixth series of one hundred cases was twenty-eight; in the seventh and eighth, twenty-four. This very nearly corresponded with the general mortality in the five hundred cases previously reported. But the author believed that the latter series comprised many more operations, in proportion, performed under very unfavorable or almost hopeless conditions. In many cases, where formerly he thought it right to put so very unfavorable a prognosis before a patient and her advisers that they probably did not desire or approve of operation, he had latterly been encouraged by recoveries, in some cases apparently almost hopeless, to express a more hopeful opinion; and, although in some cases very unexpected recoveries had been recorded, the result had often been what was feared, and the influence upon the number of deaths in proportion to the recoveries was quite appreciable. The author then discussed the influence of drainage of the peritoneal cavity—this most important of recent modifications of operative procedure—upon the results. He traced the history of the practice from the early days of ovariectomy, when drainage by the ligature securing the pedicle was the rule of practice, to its disuse when the extraperitoneal treatment of the pedicle and the intraperitoneal method by ligature or cautery were generally adopted. He considered the occasional use of puncture and drainage, with or without simple or antiseptic injections, when called for after operation, to be no foundation for recent recommendations to prepare at the time of operation for drainage or injection in every case. Of the three hundred cases now brought before the society, he had only made provision for drainage at the time of the operation in eight; and in only eleven other cases did fluid afterward escape by opening of some portion of the wound, or by vaginal puncture. In some few of the fatal cases he thought either primary or secondary drainage might have been useful; but he believed drainage should not be a general practice in ovariectomy, but should be reserved for the exceptional cases where collections of blood or serum might be expected to follow the operation. Mr. Wells then described the different modes of draining, and of using simple or antiseptic injections, reserving for another communication the important question of the more complete adoption of antiseptic precautions before, during, and after ovariectomy.

#### Hydrate of Chloral in Cancer of the Uterus.

Having first well washed out the vagina, by means of a speculum introduce a pellet of lint saturated with a solution of chloral, one part to ten. This should be repeated every two hours. The pain after two or three applications becomes less and the discharge less irritating.—*Medical Times.*